

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001169

Entity Name: ANGELS OF MERCY, INC.**Current Principal Place of Business:**1330 MILLHOLLAND ST.
CLERMONT, FL 34711**Current Mailing Address:**1330 MILLHOLLAND ST.
CLERMONT, FL 34711 US**FEI Number:** 59-3574623**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LITTLE, RITA REG AGE
8835 VILLAGE GREEN BLVD.
CLERMONT, FL 34711 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	DANIELS, PAUL C
Address	9034 VILLAGE GREEN BLVD
City-State-Zip:	CLERMONT FL 34711

Title	SEC
Name	GAUDET, EILEEN M.
Address	14827 SPRUCE PINE LANE
City-State-Zip:	CLERMONT FL 34711

Title	TREA
Name	HILL, VELORES V
Address	4459 HARTS COVE WAY
City-State-Zip:	CLERMONT FL 34711

Title	VICE
Name	LITTLE, RITA VICE P
Address	8835 VILLAGE GREEN BLVD.
City-State-Zip:	CLERMONT FL 34711

Title	DIR
Name	DANIELS, MICHAEL B
Address	11132 ROSE HILL RD
City-State-Zip:	CLERMONT FL 34711

Title	DIR
Name	MARTHA, CLARK LSEC.
Address	4144 KINGSLEY ST
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	GAUDET, ALVIN
Address	14827 SPRUCE PINE LANE
City-State-Zip:	CLERMONT FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL C DANIELS**PRESIDENT****02/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date